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						(Depositor's name)	
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						(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	A	ITORNEY DOCKET NO.	CONFIRMATION NO.	
10/743,787 12/24/2003 Toshihiro Maeda 009683-490 9816 TITLE OF INVENTION: PRINT CONTROL PROGRAM CONTROLLING PRINTER CONNECTED TO NETWORK							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE F	EE TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1510	\$300	\$0 .	\$1810	09/02/2010	
EXAN	IINER	ART UNIT	CLASS-SUBCLASS				
WON, MICHAEL YOUNG		2455	709-223000	•			
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
PLEASE NOTE: Un recordation as set for (A) NAME OF ASSI KONICA MI TECHNOLOG	less an assignee is ident h in 37 CFR 3.11. Comp GNEE NOLTA BUSINES IES, INC.	ified below, no assignee oletion of this form is NO	data will appear on the part a substitute for filing and (B) RESIDENCE: (CITY CHIYODA-KU,	E PATENT (print or type) Ita will appear on the patent. If an assignee is identified below, the document has been filed for a substitute for filing an assignment. B) RESIDENCE: (CITY and STATE OR COUNTRY) CHIYODA-KU, TOKYO, JAPAN Ited on the patent): Individual Corporation or other private group entity Government			
			b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 02-4800 (enclose an extra copy of this form).				
_ ~ ~ *	itus (from status indicated s SMALL ENTITY state	•	☐ b. Applicant is no long	ger claiming SMATT	ENTITY status See 37 C	FR 1 27(a)(2)	
NOTE: The Issue Fee an	d Publication Fee (if req		d from anyone other than the			he assignee or other party in	
Authorized Signature Typed or printed name	William C	Rowland	Connec.	Date July Registration No.	29, 2010		
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